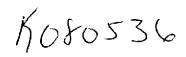
# **Ansell**



[1] 510(k) SUMMARY

[2] Ansell Healthcare Products LLC 1635 Industrial Road Dothan, AL 36303 JUN 1 9 2008

Contact:

Lon D. McIlvain, Vice President Regulatory and Quality Affairs Global

Telephone:

(334) 615-2562

Fax:

(334) 615-2568

February 26, 2008

[3] Trade Name:

Micro-Touch® NitraFree<sup>TM</sup> Nitrile Powder-Free Pink

Examination Gloves (Chemotherapy Use)

Common Name:

**Examination Gloves** 

Classification Name: Glove, Patient Examination, Nitrile

- [4] Micro-Touch® NitraFree<sup>TM</sup> Nitrile Powder-Free Pink Examination Gloves (Chemotherapy Use) meet all of the requirements of ASTM D 6319-00a(2005).
- [5] Micro-Touch® NitraFree<sup>TM</sup> Nitrile Powder-Free Pink Examination Gloves (Chemotherapy Use) meet all of the current specifications of ASTM D6319-00a(2005), Standard Specification for Nitrile Examination Gloves for Medical Application.
- [6] Micro-Touch® NitraFree<sup>TM</sup> Nitrile Powder-Free Pink Examination Gloves (Chemotherapy Use) are non-sterile disposable devices to be worn on the hands of health care and similar personnel to prevent contamination between health care personnel and the patient's body, fluids, waste or environment and for use in handling chemotherapy drugs.
- [7] Micro-Touch® NitraFree<sup>TM</sup> Nitrile Powder-Free Pink Examination Gloves (Chemotherapy Use) are summarized with the following technological characteristics compared to ASTM or equivalent standards.

Characteristics	Standard
Dimensions	Meets ASTM D 6319-00a(2005)
Physical Properties	Meets ASTM D 6319-00a(2005)
Freedom from Holes	Meets ASTM D 6319-00a(2005) Meets ASTM D 5151-06
Powder-Free	Powder content $\leq 2$ mg per glove
Biocompatibility: ISO Skin Irritation Study	Passes

Biocompatibility:
ISO Skin Irritation Study
ISO Maximization Sensitization Study – Extract
Cytotoxicity Study Using the End-Point
Titration Method
Passes
Passes
Non-toxic at 24 hrs.
for dilutions 1:2 through
1:32.

- [8] The performance test data of the non-clinical tests are the same as mentioned immediately above.
- [9] Clinical data is not needed for medical gloves or for most devices cleared by the 510(k) process.
- [10] It is concluded that Micro-Touch® NitraFree™ Nitrile Powder-Free Pink Examination Gloves (Chemotherapy Use) are as safe, as effective, and perform as well as the glove performance standards referenced in Section 7 above and therefore meet:

ASTM listed standards, FDA hole requirements, and labeling claims for the product.

[11] This summary will include any other information reasonably deemed necessary by the FDA.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

### JUN 1 9 2008

Mr. Lon D. McIlvain Vice president Regulatory and Quality Affairs Global Ansell Healthcare Products, LLC 1635 Industrial Road Dothan, Alabama 36303

Re: K080536

Trade/Device Name: Micro-Touch® NitraFree™ Nitrile Powder-Free Pink

Examination Gloves (Chemotherapy Use)

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Glove

Regulatory Class: I

Product Code: LZA, LZC Dated: June 3, 2008 Received: June 4, 2008

#### Dear Mr. McIlvain:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

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Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## 3.0 Indications for Use Statement:

## INDICATIONS FOR USE

Device Name:		NitraFree™ Nitrile Powder-Free Pink oves (Chemotherapy Use)
Indications For Use:		
prevent contamination		s of health care and similar personnel to sonnel and the patient's body, fluids, waste carapy drugs.
•		
escription Use rt 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CFR 801 Subpart C)
LEASE DO NOT WRITI (EDED)	E BELOW THIS LINE	– CONTINUE ON ANOTHER PAGE IF

4 M 1 60

(Division Sign-Off)

Division of Anesthesiology, General Hospital Infection Control, Dental Devices

510(k) Number: 1080536